

**Manlift Monthly Maintenance Report**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Elevator Safety Division  
P.O. Box 30254  
Lansing, MI 48909  
(517) 241-9337

STATE SERIAL NUMBER

Authority: 1967 PA 227  
Completion: Mandatory  
Penalty: \$50 Fine

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**INSTRUCTIONS:** ALL MANLIFTS SHALL BE INSPECTED BY A COMPETENT DESIGNATED PERSON AT INTERVALS OF NOT MORE THAN 30 DAYS. LIMIT SWITCHES SHALL BE CHECKED WEEKLY. MANLIFTS FOUND TO BE UNSAFE SHALL NOT BE OPERATED UNTIL PROPERLY REPAIRED. UNSAFE ACTS OR UNAUTHORIZED USE MUST BE REPORTED IMMEDIATELY TO AUTHORITIES.

**IDENTIFICATION**

NAME OF OWNER			DATE OF EXAMINATION		SHOP NO.
ADDRESS			LOCATION OF MANLIFT (Building / Department)		
CITY	STATE	ZIP CODE	LIFTING CAPACITY		SPEED FT. / MIN.
NO. OF STEPS AVAILABLE FOR UP DIRECTION AT ONE TIME			TOTAL NO. OF STEPS	TOTAL LIFTING AND LOWERING CAPACITY	

**CONDITION OF MACHINE AND SIGNS**

	GOOD	NEEDS REPAIR		GOOD	NEEDS REPAIR		GOOD	NEEDS REPAIR
1. BELT AND BELT JOINT	<input type="checkbox"/>	<input type="checkbox"/>	11. ILLUMINATION	<input type="checkbox"/>	<input type="checkbox"/>	21. ROPE CONTROL STOP	<input type="checkbox"/>	<input type="checkbox"/>
2. BOTTOM PULLEY AND CLEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	12. LIMIT SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	22. SKIP (On up or down run when mounting step) (Check drive train)	<input type="checkbox"/>	<input type="checkbox"/>
3. BOTTOM PULLEY TAKEUP	<input type="checkbox"/>	<input type="checkbox"/>	13. LUBRICATION	<input type="checkbox"/>	<input type="checkbox"/>	23. STEPS	<input type="checkbox"/>	<input type="checkbox"/>
4. BRAKE	<input type="checkbox"/>	<input type="checkbox"/>	14. MOTOR	<input type="checkbox"/>	<input type="checkbox"/>	24. STEP FASTENINGS	<input type="checkbox"/>	<input type="checkbox"/>
5. DRIVE COUPLING	<input type="checkbox"/>	<input type="checkbox"/>	15. MOTOR COUPLING	<input type="checkbox"/>	<input type="checkbox"/>	25. TOP PULLEY	<input type="checkbox"/>	<input type="checkbox"/>
6. DRIVING MECHANISM	<input type="checkbox"/>	<input type="checkbox"/>	16. PULLEY LAGGING	<input type="checkbox"/>	<input type="checkbox"/>	26. VIBRATION AND MISALIGNMENT	<input type="checkbox"/>	<input type="checkbox"/>
7. ELECTRICAL SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	17. PULLEY SUPPORTS	<input type="checkbox"/>	<input type="checkbox"/>	27. WARNING SIGNS AND LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>
8. FLOOR LANDINGS--SLIPPERY CONDITIONS	<input type="checkbox"/>	<input type="checkbox"/>	18. RAIL SUPPORTS AND FASTENINGS	<input type="checkbox"/>	<input type="checkbox"/>	28. OTHER (Specify)	<input type="checkbox"/>	<input type="checkbox"/>
9. GUARDRAILS	<input type="checkbox"/>	<input type="checkbox"/>	19. RAIL / TRACK	<input type="checkbox"/>	<input type="checkbox"/>			
10. HANDHOLD FASTENINGS	<input type="checkbox"/>	<input type="checkbox"/>	20. ROLLERS AND SLIDES	<input type="checkbox"/>	<input type="checkbox"/>			

**SIGNATURE**

MAINTENANCE INSPECTOR	DATE
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*Use Reverse Side for Comments*

THIS REPORT TO BE KEPT ON FILE BY THE EMPLOYER AND KEPT AVAILABLE FOR EXAMINATION BY DULY QUALIFIED INSPECTORS AS REQUIRED BY R 408.7069 OF THE MICHIGAN ELEVATOR CODE.